

**9 – 12 Years Old****AHCCCS EPSDT Tracking Form**

Date	Last Name	First Name	AHCCCS ID #	DOB	Age
Primary Care Provider	PCP ph. #	Health Plan	Accompanied by (name)	Relationship	

Vision Chart Exam				Audiometry		Menses		Allergies:		B/P:	Temp:	Pulse:	Resp:
OD	OS	OU	<input type="checkbox"/> Unable to perform	<input type="checkbox"/> WNL	<input type="checkbox"/> Abnl	<input type="checkbox"/> yes <input type="checkbox"/> no							
Corrected <input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> Unable to perform		Menarche	LMP	Wt:	%	BMI:	%	Ht:	%
Medications:													

**PARENTAL/PATIENT CONCERNS:****HEALTH RISK ASSESSMENT:** ☐ Early Adolescent GAPS (begin at 10 years) ☐ Other**DENTAL SCREEN:** ☒ INDICATES GUIDANCE GIVEN: ☐ Brushing 2x /Flossing daily ☐ Dental appointment ☐ White spots on teeth**NUTRITIONAL SCREEN:** ☒ INDICATES GUIDANCE GIVEN: ☐ Nutritionally balanced diet ☐ Junk food ☐ Soda/Juice  
☐ Over weight ☐ Activity ☐ Supplements**DEVELOPMENTAL SCREEN:** ☒ INDICATES ACCOMPLISHMENTS: Early adolescence: ☐ School attendance ☐ Reading at grade level  
☐ Dating ☐ Sexuality/orientation ☐ Other**AGE APPROPRIATE EDUCATION AND GUIDANCE:** ☒ INDICATES GUIDANCE GIVEN: ☐ Sports/injury prevention ☐ Drowning/sun safety  
☐ Nutrition/exercise ☐ Safe at Home ☐ Seat belt/air bags ☐ Sex education/STI ☐ Peer refusal skills ☐ Violence prevention/gun safety  
☐ Depression/anxiety ☐ Tobacco/alcohol/drugs/Rx drugs/inhalants ☐ Education goals/activities ☐ Social interaction  
☐ Risks of tattoos/ piercing ☐ After school activities/supervision ☐ Bullying ☐ Self control ☐ Other**Behavioral Health Screen:** ☒ INDICATES OBSERVED BY CLINICIAN/PARENT REPORT ☐ Comfortable body image ☐ Other**COMPREHENSIVE PHYSICAL EXAM:**

	WNL	Abnormal (see notes below)		WNL	Abnormal (see notes below)
Skin/Hair/Nails			Lungs		
Eyes/Vision			Abdomen		
Ear			Genitourinary Tanner stage _____		
Mouth/Throat/Teeth			Extremities		
Nose/Head/Neck			Spine		
Heart			Neurological		

**ASSESSMENT/PLAN/FOLLOW UP****LABS ORDERED:** ☒ INDICATES ORDERED ☐ Hgb/Hct ☐ Urinalysis ☐ Lipid Profile TB skin test (if at risk) ☐ Other**IMMUNIZATIONS:** ☒ INDICATES ORDERED ☐ Pt. Needs immunization today ☐ Delayed ☐ Deferred  
☐ Tdap (11 - 12years only) ☐ Meningococcal (11 – 12 years only) ☐ HPV (11 – 12 years) ☐ Hepatitis A ☐ MMR  
☐ Varicella ☐ Hepatitis B ☐ Td ☐ Influenza ☐ IPV ☐ Other**REFERRALS:** ☒ INDICATES REFERRED ☐ CRS ☐ WIC ☐ DDD ☐ ALTCS ☐ PT ☐ OT ☐ Audiology ☐ Speech  
☐ Developmental ☐ Behavioral ☐ Dental ☐ SpecialtyDate/Time      Clinician name (print)      Clinician Signature      See Additional Supervisory note ☐ Yes ☐ No